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Case Number:

Date of Notice: 06/30/2015

**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Neurosurgery

**Description of the service or services in dispute:**

30 hours of Work Conditioning Program (10 sessions over 4 weeks)

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

**Patient Clinical History (Summary)**

The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. Physical therapy initial evaluation dated 04/14/14 indicates diagnosis is herniated disc L4-5. The patient complains of constant pain located in the lumbar spine with radiating pain, numbness and weakness into the left leg rated as 8/10. The patient subsequently completed 12 physical therapy visits. Physical therapy progress note dated 05/14/14 indicates that the plan is to try work conditioning. Functional capacity evaluation dated 05/15/14 indicates that current PDL is sedentary-light/light and required PDL is medium. Progress note dated 05/29/14 indicates that after doing a functional capacity evaluation on 05/15/14 the patient is not a good candidate for a work conditioning program because he did not perform as well as his therapist thought he would base on his subjective reports. Progress note dated 06/20/14 indicates that the patient completed 10 sessions of work conditioning. The patient was recommended to return to modified work duty. The patient underwent lumbar fusion on 08/22/14. Note dated 01/23/15 indicates that the patient completed 8 additional physical therapy visits. It is reported that he has now had a total of 16 postoperative sessions. Pain level decreased from 6/10 to 5/10. The patient was recommended to progress with therapy. Progress note dated 03/27/15 indicates that the patient has now had a total of 32 postoperative sessions. Pain level is variable between 1 and 5/10. Range of motion is still limited for extension at 10 degrees, but lateral flexion left has improved to 15 degrees. The patient was recommended to participate in a work conditioning program. Functional capacity evaluation dated 04/30/15 indicates that current PDL is sedentary-light/light and required PDL is medium. Office visit note dated 06/02/15 indicates that the patient completed regular physical therapy. The back and leg pain are better. The patient has some limited range of motion in the lower back. Lumbosacral spine x-rays show good position of the implants with no obvious problems in the surgical site.

Initial request for 30 hours of work conditioning program was non-certified on 05/07/15 noting that there are no physical therapy or medical office visit progress notes available for review that documented the claimant's response and progress to the therapy that has already been completed or whether there has been compliance with a home exercise program. It is not clear that the claimant would benefit from additional therapy.

Additionally, the total number of postoperative physical therapy sessions that have been completed to date is not clear. Request for reconsideration dated 05/13/15 indicates that the patient has completed a total of 36 postoperative physical therapy sessions at multiple facilities status post lumbar fusion. He has made excellent progress with physical therapy, but continues to have functional limitations as per his functional capacity

evaluation findings which limit his return to work ability. He has a home program, but this cannot help him address the return to work issue. The denial was upheld on appeal dated 05/29/15 noting that evidence-based guidelines suggest treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. The request in its current form exceeds current evidence based guidelines.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient underwent lumbar fusion in August of 2014 and has completed 36 postoperative physical therapy visits to date. The patient continues with functional limitations as evidenced by functional capacity evaluation performed on 04/30/15 which indicates that current PDL is sedentary-light/light and required PDL is medium. The Official Disability Guidelines report that work conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision. The Official Disability Guidelines would support up to 10 visits over 4 weeks, equivalent to up to 30 hours. The issues raised by the initial denials have been adequately addressed. As such, it is the opinion of the reviewer that the request for 30 hours of work conditioning program (10 sessions over 4 weeks) is recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back
- ☐ Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)